

CRISTACAMPS



Island
Lake



Miracle
Ranch

VOLUNTEER FORM

CRISTA Ministries expects its volunteers to uphold CRISTA's purpose, mission, and vision – Thank you for volunteering with us!

Printed Name: _____

Group Name (if applicable): _____

Ministry/Department: CRISTA Camps – Island Lake and/or Miracle Ranch

Service Area (please select): General

Horse Therapy / Horse Barn

Dirt Bike program

Harvest Fest

Speaker/Performer

Other (please specify): _____

Anticipated Dates(s) of service (may be subject to change): From _____ to _____

Volunteer's Agreement and Acknowledgement

1. Volunteer understands that it is not a CRISTA employee and is not entitled to wages, salary or benefits applicable to CRISTA employees. CRISTA assumes no responsibility for withholding income tax, social security, or any other compensation, or for providing insurance of any kind, including worker's compensation insurance, all of which will be Volunteer's sole and exclusive responsibility.
2. Release of Liability: Volunteer hereby releases and forever discharges CRISTA from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to the Volunteer's service. By signing this Agreement, Volunteer intends to waive any rights to sue or seek damages from CRISTA; except where injury, death or disability results from CRISTA's gross negligence.
3. Photo Release: Volunteer permits CRISTA to use its name, photograph, picture, voice or likeness (collectively "image") for any lawful purpose, including fundraising, promotions, or marketing. Volunteer understands that it will not receive compensation for CRISTA's use of Volunteer's image and waives the right to inspect or approve the same.

Volunteer (signature on behalf of self or Group)

Date

Parent Signature (if Volunteer is a minor)

Date

Ministry or Department Manager (printed name and signature)

Date



Notice of Background Checks, Consent, and Authorization

Please read the following paragraphs and complete the information below

CRISTA Ministries values the safety of our employees and those we serve. Accordingly, CRISTA Ministries conducts criminal background checks through the Department of Social & Health Services, Washington State Patrol, and Trak-1 (multi-state), for employees, volunteers, and contractors.

In consideration for my future or continued employment, volunteer services, or contractual relationship with CRISTA Ministries, I agree to submit to CRISTA's investigative background inquiry. This inquiry may include criminal history information as indicated above, motor vehicle reports, social security number verification and other federal and local reports from Washington and other states where I may have resided. If I have unsupervised access to children and have resided in Washington State for less than 3 years, I understand State Patrol/FBI fingerprint checking may also be required.

I understand that before I am denied consideration for future or continued employment, volunteer, or contracted services based on the investigation results, I will be provided a copy of the report (under the Fair Credit Reporting Act), along with an opportunity to dispute its findings or otherwise address the information contained therein within three (3) business days of receipt. If my relationship to CRISTA is contractual, a copy of my report may also be given to my employer, if other than CRISTA. **Information obtained will remain confidential on a need-to-know basis, and be available only to those performing the background investigation or making employment related decisions.**

By signing below, I authorize CRISTA Ministries, to obtain investigative information as specified above, from any agency, at any time, during my employment, volunteerism, or contractual relationship. I understand that any misrepresentation, falsification, or omission of facts herein may be grounds for immediate termination or disqualification.

Complete this section – please print legibly

My relationship to CRISTA Ministries (check one):

Employee Volunteer Visitor Intern Contractor
Company Name _____

Ministry CAMPS Position _____

Name in Full (First, Middle, Last) _____

Maiden Name or Alias _____

Current Street Address _____

City _____ State _____ Zip Code _____

Previous States of Residence as an Adult _____

Social Security # _____ Date of Birth _____

Gender Male Female

The above information is correct and up to date. I fully understand the purpose and contents of this document and authorize the investigative background inquiries.

Applicant's Signature _____ Date _____

Accessing the Online Background Check Authorization Form

In your internet web browser, go to the following link: <https://fortress.wa.gov/dshs/bcs/>
This will open the online authorization form for you to complete.

The Background Check Authorization Form collects your personal information. It must be filled completely and accurately, at one sitting, as you will not be able to make changes or corrections after it is saved.

Important Considerations for Completing the Form:

1. The form collects your personal information.
2. You cannot make changes or corrections after you save it.
3. You will sign this form electronically.
4. Have your court documentation or charging papers as a reference for crimes that are self-disclosed.
5. If you provide an email address, the system will email you a copy of your electronic signature confirmation code.

Filling Out the Form

- All required fields must be filled out completely and accurately.
- If you have a criminal history, please use your charge, arrest, or court papers to assist you with answering self-disclosure questions regarding crime dates and official crime names.
- A drop-down list for common Washington Crimes is provided. For crimes that are not listed, please follow the instructions regarding how to add your own conviction information and describe what occurred.
- Please review all information for accuracy before saving your form.

Once the Form is Completed

When you are finished completing the form and have reviewed all information, check the box indicating that you “have provided truthful information to the best of your ability,” and click the button to electronically sign your form. You then will receive a notification that your background check has been saved and the system should display a confirmation number. **You should see a box to email your confirmation number to the DSHS Entity that is requesting your background check. Please enter asheridan@cristacamps.com in the box.**

What happens if you notice a mistake in the form after it has been saved?

If you have already provided the requesting DSHS entity with the confirmation number for your form, reach out to them and notify them there was an error on the information you saved. They may ask you to go back to the Online form and fill it out again, generating a new confirmation code. If you have not provided the requesting DSHS entity with your confirmation number, go back to the Online Background Check Authorization Form website and fill it out again. This will generate a new confirmation code that you will need to provide to the requesting DSHS entity.